

THE CALIFORNIA HeartLine

UCSF



Building Heart-Healthy Communities in California

Rates of Overweight and Diabetes Soar in California; Smoking Declines



Core Study Highlights Racial/Ethnic Trends

A recent state survey shows that the number of people who are overweight or living with diabetes or high blood pressure is on the rise in California—especially in some racial/ethnic groups. In a new report by the Cardio-

vascular Disease Outreach, Resources, and Epidemiology (CORE) Program, entitled Cardiovascular Disease Risk Factors among California

Adults, 1984-1996, researchers profile state and regional prevalence estimates for five cardiovascular disease (CVD) risk factors, including high

blood pressure, diabetes, overweight, physical inactivity, and smoking.

CORE researchers used data from the 1984-1996 *California Behavioral Risk Factor Surveillance System (BRFSS) Survey*, an annual telephone survey on the lifestyles and health behaviors of 36,004 California adults. Looking at the data for ten regions of California, researchers analyzed the prevalence of the five primary CVD risk factors by gender and race/ethnicity. The regions discussed in the report are Northern and Central Mountain, Sacramento, Northern Bay Area, Bay Area, Central Coast, Central Valley, Los Angeles, Orange, San Bernardino/ Riverside, and San Diego. (See map)

Epidemiologist and lead author of the study Jeannie Gazzaniga, Ph.D., R.D., uses the CORE report to show how we should target our prevention efforts. "The report reveals where the state stands in dealing with the major contributors to the leading cause of death in California—heart disease." For example, results indicate that some CVD risk factors are becoming more prevalent among Californians. Over the past 13 years, smoking was the only risk factor to decline significantly, while diabetes and overweight both showed statistically significant increases.

Some Groups More Likely to be Overweight

In 1984, researchers found that 19 percent of men in the California BRFSS Survey sample and 16.7 percent of

SPECIAL FOCUS

Funding for CVD Effective Grant Writing

Eight steps to a winning proposal for Heart disease and Stroke Prevention (page 4)



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Cardiovascular disease risk factors highlighted by region of the state. (cover story)

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Northern California Hospital make heart disease prevention a priority (page 6)



Heart Smart Profile

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Funding for Fighting Heart Disease and Stroke

It's been a while since we've published a *HeartLine* but, finally, here it is! Big news first: We're changing our name!! CORE will now be known as the California Heart Disease and Stroke Prevention (CHDSP) Program. The new name better reflects what we do. And here's more news, we have a new Chief, Liana Lianov, M.D., MPH. For the last ten years she has worked with the California Department of Health Services in cancer prevention and has decided to move to heart disease and stroke prevention. We're lucky to have her!

This issue of the *HeartLine* deals with the who, what, how, when, and where of obtaining funding for your heart disease and stroke prevention projects. We hope this newsletter will be a resource to you in your grant pursuits.

Also, data on California regional heart disease and stroke risk factor prevalence from the last CORE report is highlighted. For more details or a copy please log on to our website at www.dhs.ca.gov/core.

Finally, please fill out the survey on page 11. Pay special attention to how many people you think read your copy of the *HeartLine*. It gives us an idea of how many people the *HeartLine* reaches.

Also, contact us via e-mail or fax or mail back the survey so we can keep you on the mailing list.

The Editors

CORE Study

(continued from page 1)

women were overweight. (The National Heart, Lung, and Blood Institute's 1998 definition of "overweight" is a body mass index (bmi = kg/m²) equal to or greater than 27.8 bmi for men or 27.3 bmi for women). Twelve years later, the percentage of Californians who were overweight had dramatically increased to 27.0 percent of men and 26.8 percent of women.

Rates of overweight vary by ethnicity, age, and education. Hispanic women were most likely to be overweight (42.7 percent), followed by African American women (40.2 percent), and African American men (37 percent). The CORE report also found that older Californians were more likely to be overweight. While fewer than 17 percent of 18-24 year olds were overweight, this percentage rose to nearly 33 percent of persons in the 45-54 age ranges. Californians whose highest level of educational attainment was a high school diploma or less were 1.6 times more likely to be overweight than those in the study who had graduated from college.

"It's difficult for people to maintain a healthy weight when they are bombarded with advertisements encouraging them to eat high fat foods," noted Karen Bertram, R.D., Co-Director of California Project LEAN. "Society often blames individuals for being obese or overweight, but our culture promotes fattening behaviors. The important thing to recognize is that individuals can overcome these problems by eating a low-fat, high fiber diet and getting regular exercise."

Rates of Diabetes Vary by Group

Rates of diabetes also vary by ethnic group, educational level, and region of the state. In fact, Dr. Gazzaniga pointed out that the actual prevalence of diabetes might be even higher than the CORE report suggests.

"Many people don't know they have the disease," she said, noting that approximately 80 percent of people with diabetes die from some form of cardiovascular disease.

During the 13 years of the study (1984-1996), the proportion of California adults with type 2 diabetes fluctuated between 3.5 percent and 5.5 percent. Certain population groups in the state have a much higher prevalence of diabetes, including African Americans (14.5 percent), Hispanics (12.9 percent), and all Californians over the age of 65 (13.8 percent).

As Dr. Ann Albright,

arette smoking (24.2 percent) than white women in the Los Angeles region (16 percent).

Hispanic women in the Los Angeles region have significantly lower prevalence of cigarette smoking (6.9 percent) compared to Hispanic women in San Diego (16.3 percent).

The Central Valley has the highest prevalence of diabetes among Hispanic women (17.9 percent), significantly higher than in the Los Angeles region (7.6 percent).

White men are significantly less physically inactive (40.8 percent) and white women are significantly less likely to be overweight (19.5 percent) in

Significant Change in Risk Factor Prevalence in California from 1984-1996

Risk Factor	Percent Change (%)
Cigarette Smoking	-26
Diabetes	+28
Overweight	+50

Program Director for the California Department of Health Services' Diabetes Control Program comments, "Diabetes is a serious, chronic disease that must be managed so it does not become even more serious. It is critical that diabetics have access to the tools necessary for managing this disease, which often leads to heart disease and stroke."

CVD Risk Factors Vary by Region

Diabetes, overweight, and physical inactivity are on the rise in California overall, but there is regional variation in the severity of these problems. By pinpointing the regions and groups that have a higher prevalence of risk factors, we can maximize the effectiveness of our prevention efforts.

Hispanic women in the Northern Bay Area have significantly lower prevalence of high blood pressure (14.2 percent) than Hispanic women in the San Bernardino/Riverside region (35 percent).

White women in the Northern and Central Mountain region have significantly higher prevalence of cig-

the Central Coast compared to their respective groups in the Northern and Central Mountain region (white men physical inactivity (58.2 percent), white women overweight (31.7 percent), ($p < 0.05$).

Why are there such dramatic differences in rates of CVD and its risk factors between different California locations? Even the report's author is stumped by this question. "It's a difficult question to tackle because so many factors come into play, including environment, genetics, ethnicity, gender, food availability, demographics, education, income, and access to health care and preventive services," Gazzaniga said. She added that it would be easier to pinpoint the reasons for geographic variation in heart disease and stroke in California if we knew how these complex variables interact to influence people's physical activity and nutritional habits.

For a copy of the report, Cardiovascular Disease Risk Factors Among California Adults, 1984-1996 or a one-page fact sheet on your region, call (916) 324-1329 or visit CORE's website at www.dhs.ca.gov/core.

Who Can Help Me Write a Grant Proposal?

Non-Profit Resource Centers around the state.

Nonprofit Resource Centers are located throughout California. They receive grants from various funding sources and operate independently. Services provided

by Nonprofit Resource Centers vary from site to site, but generally include:

- Workshops on proposal writing, fundraising and non-profit management
- Consulting and strategic planning services
- Meeting facilitation
- Books, periodicals, audio and video tapes, grant research databases and other materials covering fundraising and management
- Knowledgeable staff who provide help in using the resources
- Information and referral to resources specifically serving nonprofit needs
- Registry of consultants serving nonprofit organizations
- Information and referral to resources specifically serving nonprofit needs
- Registry of consultants serving nonprofit organizations
- Calendar of major regional special events
- Nonprofit job information

Northern California

The Foundation Center
312 Sutter Street , 3rd Fl., Room 312
San Francisco, CA 94108
(415) 397-0903
www.fdncenter.org

Mendocino Private Industry Council
Employment Resource Center
655 Kings Court, Suite 100
Ukiah, CA 95482
(707) 468-1402
www.mpic.org

Grant & Resource Center
Northern CA
2280 Benton Dr. Bldg C, Suite A

Redding, CA 96003
(916) 244-1219
www.grcnc.org

Nonprofit Development Center
1922 The Alameda Ste. 212
San Jose, CA 95612
(408) 248-9505
E-mail: info@compasspoint.org
Web: <http://www.compasspoint.org>

Sonoma County Library
Foundation Center Cooperating
3rd & E Streets
Santa Rosa, CA 95405
(707) 545-0831
www.sonoma.lib.ca.us

Rooney Resource Center
The Humboldt Area Foundation
373 Indianola Road
Bayside, CA 95524
(707) 442-2993
E-mail: hafound@hafoundation.org
Web: <http://www.hafoundation.org>

Oakland Community Fund Nonprofit
Resource Center
1203 Preservation Pkwy, Ste 100
Oakland, CA 94612
(510) 834-1010
www.infobase.org
www.eastbaymapp.org

The Support Center for
Nonprofit Management
706 Mission Street
San Francisco, CA 94103
(415) 541-9000
E-mail: info@compasspoint.org
Web: <http://www.compasspoint.org>

The Management Center
870 Market St, Suite 800
San Francisco, CA 94102
(415) 362-9735
www.tmcenter.org

Volunteer Center of Sonoma County
1041 4th Street
Santa Rosa, CA 95404
(707) 573-3399
www.volunteernow.org

Nonprofit Advancement Center
1999 Tuolumne St, Ste 650
Fresno, CA 93721
(209) 498-3929
E-mail: frfjesse@lightspeed.net
Web: <http://bizweb.lightspeed.net/~frf>

Nonprofit Resource Center
Sacramento Public Library
828 I Street, Second Floor
Sacramento, CA 95814
(916) 264-2772
E-mail: jstohr@sacramento.lib.ca.us
Web: <http://www.nonprofitresourcectr.org>

Southern California

CA Community Foundation
606 South Olive St, Suite 2400
Los Angeles, CA 90014
(213) 413-4042
www.calfund.org

Orange County Community
Development Council
12640 Knott St
Garden Grove, CA 92641
(714) 897-6670
www.orangecountyfoodbank.org

Grantsmanship Center
1125 W. 6th St., 5th Floor
Los Angeles, CA 90017
(213) 482-9860
E-mail: main@cnmsocal.org
www.tgci.com

Santa Barbara Public Library
40 East Anapamu St
Santa Barbara, CA 93101
(805) 962-7653
www.ci.santa-barbara.ca.us

LA Public Library
San Pedro Regional Branch
931 South Gaffey St.
San Pedro, CA 90731
(310) 548-7779
E-mail: spedro@lapl.org
www.lapl.org/branches



San Diego Community Foundation
Funding Information Center
101 West Broadway, Suite 1120
San Diego, CA 92101
(619) 239-8815
www.sdfoundation.org

Ventura County Community
Foundation
Community Resource Center
1355 Del Norte Rd.
Camarillo, CA 93010-9819
(805) 988-0196
vccf@vccf.org
www.vccf.org

Support Center/Executive
Service Corps
8265 Vickers St, Suite E
San Diego, CA 92111
(619) 292-5702
E-mail: scesc@earthlink.net
Web: <http://www.scesc.org>

Southern California Center for
Nonprofit Management
315 West 9th St, Suite 1100
Los Angeles, CA 90015
(213) 623-7080
Email: main@cnmsocal.org
www.cnmsocal.org

Volunteer Cntr of Greater Orange Co
Nonprofit Mgmt Assistance Cntr
1901 East St, Unit 100
Santa Ana, CA 92705
(714) 953-5757
www.volunteercenter.org



Effective Grant Writing for Heart Disease and Stroke Prevention



Some dos and don'ts
to make a potentially
difficult process
a little easier—
and a lot more rewarding.

Perhaps you've had the experience of writing a grant proposal. It's no easy task. It is time consuming, and there are no guarantees your hours of toil will pay off. But the process of grant writing need not be a mystifying ordeal. By following some simple guidelines, you can present your great ideas in a manner that is concise, credible, and readily understood by the grantor. This can take you a long way towards obtaining funding for your heart disease and stroke prevention programs.

The following summary will guide you through the steps of the grant-writing process, offering some important "do's" and "don'ts" for each stage of the process. So what are you waiting for? Get out there and get funded!

STEP 1:

Write a cover letter

Your letter should provide evidence that the proposal is appropriately endorsed.

Do . . .

Describe the content of the proposal.
Offer to follow up on the proposal with a call, letter, or visit if appropriate.
Address it to a specific person—the right person—in the agency.

Don't . . .

Let just anybody in your organization sign the letter—it should be signed by the highest authority.
Use it to substitute for an abstract or summary.
Show off your knowledge of the funder's interests or reputation.

STEP 2:

Write the Introduction

The introduction should contain a description of your agency's qualifications or "credibility."

Do . . .

Establish who is applying for funds.
Describe the applicant agency's purpose and goals.
Describe existing agency programs.
Describe agency clients and constituents.
Provide evidence of accomplishment.
Offer statistics to support credibility.
Include references attesting to the support and endorsement of others.
Lead into problem statement.

Don't . . .

Include jargon.
Go on endlessly.
Lose the logic of your argument.

STEP 3: **Write the Need or Problem Statement**

Describe and document the needs to be met or problem to be resolved by the proposed project.

Do . . .

Show involvement of program beneficiaries. Show needs in terms of project participants/beneficiaries.

Describe how needs were identified.

Link needs and proposed solutions to the goals of your agency.

Support needs statement with both statistical data and the needs statements of authoritative sources such as:

Local Agencies

- American Heart Association
- Local Health Departments State Agencies
- Cardiovascular Disease Outreach, Resource, and Epidemiology (CORE) Reports
- Project Leaders Encouraging Activity and Nutrition (LEAN)
- The California Nutrition Network
- The Physical Activity and Health Initiative (PAHI)
- Diabetes Control Program
- Behavioral Risk Factor Surveillance System (BRFSS) Survey

National Organizations

- National Heart, Lung, and Blood Institute
- Centers for Disease Control and Prevention.

Don't . . .

Plagiarize or use another's words.

Try to resolve problems of unreasonable dimensions.

Make unsupported claims.

Argue for an unsubstantiated need.

STEP 4: **Write your Plan of Operation**

A description of the proposed project, implementation and management plans.

Do . . .

Define challenging but achievable outcomes.

Collaborate with other agencies when possible, including California Department of Health Services programs.

Show how your objectives and methods meet the community's needs.

Demonstrate community involvement in planning.

(continued on Next page)

California Funders

California is truly fortunate to have large and small foundations addressing the health needs of Californians. These foundations realize that health is a product of the communities in which we live. To this end, most of the funders address relevant cardiovascular disease (CVD) prevention areas such as physical activity and healthy eating opportunities, community development, and health access issues which are culturally relevant. What follows is a list of funders addressing CVD issues.

The California Wellness Foundation

The California Wellness Foundation's (TCWF) mission is to improve the health of the people of California by funding grants for health promotion, wellness education, and disease prevention. Toward that end, TCWF proactively develops, implements, and evaluates health promotion and disease prevention programs throughout the state.

Priority Areas

Of primary interest are requests for core operating support for organizations that provide direct services to Californians for disease prevention or health promotion.

Listed below are TCWF's five priority areas that may apply to CVD prevention.

Community Health

The goal of the community health priority area is to encourage and support local action aimed at improving the health status of communities. Activities commonly supported include community-based self-help and support groups, community health education and outreach programs, and community-based preventive health service programs.

Population Health Improvement

The goal of the population health improvement priority area is to encourage the development of integrated preventive health services among public and private health systems. Activities commonly supported include school-linked services, screening of behavioral risk factors and early intervention, case management, and preventive health services for underserved groups, including rural and



Native American populations.

Work and Health

The goal of the work and health priority area is to improve the health of unemployed and underemployed workers and their families. Activities commonly supported include health promotion at work sites, welfare-to-work programs, injury and accident prevention programs, and preventive health programs for agricultural and low-wage service industry workers.

Special Projects

The special projects fund allows TCWF to respond to funding requests involving health promotion and disease prevention efforts that are not necessarily within the priority areas of TCWF. Of particular interest are proposals to help state communities respond to cutbacks in federally-funded programs.

Activities commonly supported include strengthening traditional safety-net providers, educating consumers about changes in health-care systems, advocating for underserved communities in health policy debates, and informing public decision making through policy analysis.

How to Apply

To approach TCWF for funding, an organization should first write a succinct letter of interest (one to two pages in length) that describes the organization, its leadership, the region and population(s) served, and the activities for which funding is needed, including the amount requested. Last year, grants awarded ranged from \$5,000 to \$110,000 for projects lasting one or two years.

California Funders

(continued)

Letters should be directed to:

Director of Grants Administration
The California Wellness Foundation
6320 Canoga Avenue, Suite 1700
Woodland Hills, CA 91367
Phone: (818) 593-6600
Fax: (818) 593-6614
Website: www.tcwf.org

The California Endowment

The mission of The California Endowment is to improve access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of the people of California.

The Endowment is developing innovative solutions to address the needs of California's diverse communities and complex health issues. Strategies are designed to build upon the assets and strengths of communities, rather than focus on deficiencies. Working with communities, health and non-health institutions and organizations, the Endowment has adopted a regional orientation to improve understanding of these unique needs. To ensure access to all of California's 58 counties, 11 service regions have been established throughout the state with program staff assigned to each one.

The CommunitiesFirst program will consider community-based programs, collaborations, and partnerships that reach beyond traditional boundaries, strengthen community leadership, stimulate policy development, and contribute to systems change. Applicants are invited to address one or more of the following objectives.

Priority Areas Access

To improve access to comprehensive, coordinated, and affordable health programs by supporting approaches that bring together the needs of underserved communities with existing public and private resources.

Community Innovation

To foster approaches that build the capacity of communities to affect change and enable individuals, families, and communities to have greater influence in improving conditions that directly affect their health and well-being.

Health and Well-Being

To develop and/or replicate programs that promote healthy behaviors, manage and prevent chronic conditions and unintentional injuries, reduce the impact of communicable diseases, address behavioral risk factors, and protect against environmental threats.

Multicultural Health

To develop the field of multicultural health by promoting community-driven strategies that reduce socio-cultural barriers to improved health. Funding requests may include planning, program implementation, dissemination of effective strategies and approaches to community health, advocacy, or other related opportunities designed to strengthen the capacity of local residents and their partners to improve health.

How to Apply

Applicants should submit a Letter of Intent describing their project and indicate which area(s) of interest and objective(s) they are addressing. Last year, funds awarded ranged from \$100,000 to \$10,000,000.

When submitting a Letter of Intent, please include three copies of the application, a cover sheet, and the Letter of Intent narrative (no more than seven pages) that also includes the following:

Executive Summary.

Background on Issue to be Addressed.
Program Description

(include explanation of approach and specific strategies and anticipated outcomes).

Relevance of Program to the

Communities' First Objectives.

Evaluation.

Analysis of Risks and Benefits of the Proposed Program.

Organization and/or Partnership
Capacity and Qualifications.

Program Budget Form.

Internal Revenue Service Determination
Letter (one copy, if applicable).

For more information about The California Endowment, or for a copy of the grant application guidelines, call or write:

Human Resources
The California Endowment
21650 Oxnard Street, Suite 1200
Woodland Hills, CA 91367
Phone: (818) 703-3311 ext. 351
(800) 449-4149 California only
Website: www.calendow.org

The James Irvine Foundation

The James Irvine Foundation was established in 1937 as trustee of the charitable trust of James Irvine, a California agricultural pioneer, to promote the general welfare of the people of California.

The Foundation is dedicated to enhancing the social, economic, and physical quality of life throughout California, and to enriching the State's intellectual and cultural environment. Within these broad purposes, the Foundation supports arts, community development, health, higher education, and youth programs.

Priority Areas

The long-term goal of the health program is to influence the development of health systems that are more responsive to the needs of the underserved populations, focus on prevention and health promotion, and result in improved patient satisfaction and health outcomes. The Foundation areas of focus are rural health and women's health.

The work is guided by the following priority goals:

Enhance the capacity of local health providers in rural areas to provide quality primary and preventive health care along managed care principles. Through collaborative partnerships, improve the availability and accessibility of culture- and gender-appropriate health information and health services for women, with an emphasis on low-income women and women of color.

Applying for a Grant

To apply for funding, send a one to two-page letter of inquiry to initiate contact with the Foundation, including the goals and objectives of your proposed work, and evidence of your organization's tax-exempt status with the Internal Revenue Service. The Foundation accepts such letters year-round, reviewing and acknowledging them promptly. Last year, the Foundation awarded \$10,000 to \$1,500,000 for individual grants.

Direct all letters of inquiry to:

Director of Grants Administration
The James Irvine Foundation
One Market, Steuart Tower, Suite 2500
San Francisco, CA 94105
Phone: (415) 777-2244
Fax: (415) 777-0869
Website: www.irvine.org

California Adolescent Nutrition and Fitness (CANFit) Program

The mission of the California Adolescent Nutrition and Fitness (CANFit) Program is to improve the nutritional and physical fitness status of California's low-income, African American, Latino, Asian/Pacific Islander, and American Indian youth between the ages of 10 and 14.

The CANFit Program has four major components:

- Funding innovative community-based projects.
- Leveraging existing resources.
- Providing training and technical assistance.
- Sponsoring academic scholarships.

CANFit activities for 1999/2000 :

Initiating an adolescent-focused social marketing campaign in Santa Paula, California.

Replicating the successful Spanish-language adolescent-focused social marketing campaign in East Los Angeles.

Hosting a conference on September 14, 2000 in the Los Angeles area.

Presenting regional training workshops for youth service providers.

Developing a training and technical assistance program for youth service providers.

Disseminating educational materials and reports.

Private donations and grants from the California Endowment and the California Wellness Foundation fund the CANFit Program.

Generally, CANFit releases its yearly Request for Proposal in January with a letter of intent due at the end of March or the beginning of April. Following approval of a letter of intent, a full proposal is produced to CANFit in early June with funding decisions and awards made in September. Awards range from \$10,000 to \$25,000 annually.

For more information, contact:

California Adolescent Nutrition
and Fitness Program
2140 Shattuck Avenue, Suite 610
Berkeley, CA 94704
Voice: (510) 644-1533
Fax: (510) 644-1535
Website: www.canfit.org
E-mail: info@canfit.org



The Plan of Operation should also include:

Project Design- a broad picture of your project and what you can expect to accomplish.

Goals- a broad, general statement that should come out of the need statement; long-range benefits you hope to attain; lead to objectives and methods.

Objectives- a specific and measurable statement that tells who, what, and when.

Activities/Methods- how you expect to accomplish the objectives (include sequence, staff, and clients).

Management Plan- how the project will come together.



Don't . . .

- Ignore the private sector.
- Propose an unreasonable scope of activities.
- Propose unrealistic timelines.

STEP 5: Describe the Key Personnel

This is a justification for and a description of qualifications and responsibilities of the project director and other staff.

Do . . .

- Describe the experience, education and training of project staff as they relate to proposed responsibilities.
- Match personnel to project design content; justify staff.
- Specify staff and partner time allocated to jobs.
- Summarize resumes in narrative; include full resumes in appendix. If biosketch forms are provided, include only relevant information.

Don't . . .

- Propose full-time staff for responsibilities that appear less than full-time.
- Propose the use of grant funds for salaries without considering the recurring expenses that occur after the grant ends.
- Rely on only new staff for program.

STEP 6: Write the Evaluation

This is a plan for determining the degree to which project implementation and desired results are achieved.

Do . . .

- Identify evaluator/selection process.
- Include an evaluation procedure to address each objective.
- Describe data-gathering methods and timelines.
- Describe instrument/tools.
- Describe data analysis.
- Explain how findings will be used to modify the project during the grant period and afterwards.
- Describe planned evaluation reports.

Don't . . .

- Omit criteria for success.
- Say the evaluation plan will be developed after the grant is awarded.
- Propose an evaluation plan that does not relate to your objectives.
- Merely state that an evaluator will be hired to take care of the evaluation.
- Assume you must do the evaluation yourself—-independent evaluators are often preferred.

STEP 7: Write the Commitment and Capacity Statement

Describe your successes with similar projects, available facilities, and equipment.

Do . . .

- Indicate intention to continue at least some aspect of the project after grant funding ends.
- Discuss institutionalization plans.
- Describe special expertise or equipment available.

Don't . . .

- Assume reviewers know about your agency.
- Be vague about previous experience with similar projects.
- Minimize in-kind contributions.

(continued on next page)

STEP 8:

Write the Abstract or Summary

The abstract should offer a clear, interesting, and succinct one-page summary of the grant request. Remember: this is where the reviewer will gain their first impression of your proposal!

Do . . .

Identify the target group.
Describe the community's need, problem, or issue.
Describe your proposed solution.
Discuss why the project is important.
Describe your anticipated results.
State the overall cost of the program, funds already obtained, and amount requested.

Don't . . .

Write it until you've completed the rest of the proposal.
Place it at the end of your proposal.

And don't forget to include:

- A description of the applicant organization,
- * One sentence on why the applicant organization is credible to carry out the proposal,
- One sentence on the proposed program's objectives,
- One sentence on the methods for implementing the program.

Conclusion

An effective proposal is clearly written, logically organized, and concise. The discussion should flow logically from one point to the next, building a consistent and believable argument for why the proposal should be funded. Finally, do not forget to pay attention to the details that can affect a reviewer's perceptions of your proposal. For example, make sure the document is presented neatly, is free from typographical, grammatical, or mathematical errors, and is submitted on time.

If you want to see examples of past winning proposals, contact the agency or foundation involved. Under the Freedom of Information Act, the public can review all open-bid proposals.

(See related article Health Funders in California)

Sources for statistical data and needs statements:

American Heart Association

Contact your local office at
(800) 640-4640
www.americanheart.org/

Behavioral Risk Factor Surveillance System

1700 Tribute Road, Suite 100
Sacramento, CA 95815-4405
(916) 779-0300
www.ccrca.org

Diabetes Control Program

P.O. Box 942732, MS-725

Sacramento, CA 94234-7320

(916) 445-2547

www.dhs.ca.gov/diabetes

Leaders Encouraging Activity and Nutrition—Project LEAN

California Project LEAN

P.O. Box 942732, MS-675

Sacramento, CA 94234-7320

(916) 323-4742

www.dhs.ca.gov/lean

Nutrition Network for Healthy Active Families

P.O. Box 942732, MS-662

Sacramento, CA 94234-7320

(916) 445-7147

www.dhs.ca.gov/cpns

Physical Activity and Health Initiative

P.O. Box 942732, MS-675

Sacramento, CA 94234-7320

(916) 324-2233

Public Health Institute

2001 Addison Street, Second Floor

Berkeley, CA 94704-1103

(510) 644-8200

www.phi.org

National Heart, Lung and Blood Institute

(800) 575-WELL

www.nhlbi.nih.gov

Centers for Disease Control and Prevention

www.cdc.gov

ccdinfo@cdc.gov

Article adapted from "Tools of the Trade: Grants at a Glance" by Karen D. Goldman and Kathleen Schmalz; SOPHE News and Views, Vol. 24 No. 2, Summer 1997. ♥

Pass Us Along!

HeartLine is a quarterly publication of the California Cardiovascular Disease Outreach, Resources and Epidemiology (CORE) Program. CORE is conducted by the University of California, San Francisco, Institute for Health & Aging, under agreement with the California Department of Health Services.

Our mission is to empower public health professionals to lead and coordinate community involvement in cardiovascular disease (CVD) prevention in California. We encourage you to duplicate and share this newsletter with others.



Socorro Rendon

Community Leader, Anaheim

Each issue of the *HeartLine* spotlights the work of a Heart Smart Cities leader who continues to make a special contribution to her or his community.

How long have you lived in Anaheim?
Cuánto tiempo ha vivido usted en Anaheim?
 Five years.
 Cinco años.

What do you like most about living in Anaheim?
Qué le gusta más de Anaheim?
 The community centers (especially Ponderosa!) and their programs—a place where we can go and bring our children.
 Los centros comunitarios (especialmente el Ponderosa!) y sus programas. Es un lugar donde podemos traer nuestros niños.

Tell us what do you like to do for fun.
Díganos qué le gusta hacer en su tiempo libre.
 Aerobics, aerobics, and aerobics! I would prefer to do aerobics over housework any day!
 Aerobics, aerobics, y aerobics! Preferería aerobicas que hacer el trabajo de casa cualquier día!

What is your current work?
Cuál es su trabajo?
 Housewife and volunteer aerobics instructor at Ponderosa Park Neighborhood Center.
 Ama de casa e instructora voluntaria de aerobicas en el Centro Comunitario de Ponderosa Park.



What is your favorite healthy food?
Cuál es su comida saludable favorita?
 I like to eat grilled chicken and vegetables.
 Me gusta comer pollo asado y vegetales.

How are you involved in Heart Smart Cities?
Cuál es su participación en Heart Smart Cities?
 I am the volunteer aerobics instructor at Ponderosa Park Neighborhood Center. I teach classes Monday through Friday from 9 a.m. to 10 a.m.
 Soy instructora voluntaria de aerobicas en Ponderosa Park. Doy clases de lunes a viernes de 9 a 10 por la mañana.

Describe your contribution to the Heart Smart Cities Project.
Describe su contribución en Heart Smart Cities.
 In addition to teaching aerobics, I give input on other exercise-related programs for the Heart Smart Project at the neighborhood center.
 Además de enseñar aerobicas, doy mis opiniones en otras programas que estan relacionados a ejercicio de Heart Smart en el centro comunitario.

“Socorro has made an enormous contribution to the Heart Smart Cities Anaheim Project at Ponderosa. She is a positive role model for women who participate in the exercise program as well as the residents in the community. She empowers her students everyday by encouraging them to adopt healthy ways of living. She reminds her students they need to be healthy mothers for their children.” —Concepción Hernández, Director, Ponderosa Park Neighborhood Center)

(Socorro ha hecho una contribución enorme a Heart Smart. Ella es un ejemplo positivo para las mujeres que participan en el programa de ejercicio y también para otras que viven en la comunidad. Ella les da ánimo para que adopten maneras
(continued on next page)



Socorro leads an adult aerobics class at Ponderosa Park.

Local Hospital Takes the Initiative In Preventing Heart Disease

How one community turned bad news into a force for positive change

In Citrus Heights, the city with the highest heart disease death rate in all of California, city government and a local nonprofit hospital have joined forces to prevent heart disease and stroke in their community. Responding to the 1996 CORE report, *Deaths from Heart Disease and Stroke in California Cities*



which listed Citrus Heights as having California's highest rate of heart disease death, the city, Sutter Heart Institute, and Sutter Roseville Medical Center initiated the Citrus Heights Healthy Heart Project.

During its first quarter, the Citrus Heights Healthy Heart Project has accomplished an impressive amount of work. Project staff have presented seminars on healthy eating and physical activity at four senior residential complexes and mobile home parks, begun an exercise group for

seniors at three mobile home parks, and developed and presented a "Healthy Heart Workshop" at San Juan High School's Parent Education Conference. They conducted their first schoolsite HeartPower program for the third through the fifth grades at Arlington Heights Elementary School and started a walking club that meets on Sundays at the local library. Staff also held a health fair for high school students and their parents and included a low-fat cooking class in the spring

class offerings through Sunrise Recreation and Park District.

Further Outreach

In addition, the project has started a worksite health program for city employees. They participate in an eight-week program to improve eating and physical activity habits. Staff plan to write a regular column in the local city newsletter focusing on heart disease and stroke prevention. They are also working with Serve Our Seniors in Citrus Heights on new pro-

grams related to physical activity and healthy lifestyle changes provided for seniors in the community.

The Project's logo, which was selected through a children's contest advertised in the local newspaper, is shown above. ♥

If you know of an organization that is actively taking a leadership role in preventing heart disease in their community, let us know here at the HeartLine so we can tell others about their efforts!

Heart Smart Profile

(continued)

saludables de vivir. Ella recuerda a sus estudiantes que tienen que ser madres sanas para sus hijos. — **Concepción Hernández, Director del Centro Comunitario de Ponderosa Park.**

What do you think is the most important thing Anaheim can do to become Heart Smart?

Que cree usted es la cosa más importante que la ciudad de Anaheim puede hacer para estar más saludable para nuestro corazón?

Continue to offer the exercise and nutrition programs, but offer more classes (3 times a day) so more residents can become involved. Weekend classes would also be great. I think the programs offered at the center are great; we are ready for more!!! I can see that so many residents have become seriously involved in Heart Smart. I like the way

the City of Anaheim provides incentives for program participants. This keeps us motivated. It's also important to know about the heart disease statistics that affect us. Keep providing this valuable information. The residents need to be aware of the program and it needs to be available to them also.

Seguir ofreciendo los programas de ejercicio y nutrición, pero más clases (3 veces por semana) así mas personas pueden participar. Clases en fin de semana también serían muy buenas. Me gusta las clases ofrecidos en el centro; estamos listas para más!! Veo que muchas personas participan seriamente en el programa de Heart Smart. Me gusta como la ciudad de Anaheim da incentivos para los que participen en el programa; esto nos sigue motivando. También es importante saber las estadísticas de la enfermedad del corazón que nos afecta. Sigue dandonos esta información importante. Los programas tienen que ser conocidos y estar disponibles. ♥

QUESTION from the HEART

Is chronic disease funding difficult to obtain?

Tell us about your experience(s). Have you approached any non-traditional groups to fund your activities?

SEND YOUR RESPONSES TO:
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Reader Response Form

Dear Readers:

The **California Heart Disease and Stroke Prevention (CHDSP) Program** is pleased to provide you with our quarterly newsletter. We want to know if you would like to continue to receive the *California HeartLine* and what you think of the newsletter. Please mail, e-mail, or fax back the form below.

NOTE: Please respond by June 30, 2001, in order to continue receiving The California HeartLine,

1. How do you use this newsletter? Check all that apply.

- ☐ I read it for information only
- ☐ I provide copies to our patients/community members
- ☐ I share it with other office staff
- ☐ I share it with other local professionals
- ☐ I use information from the newsletter(s) to develop fact sheets, brochures, or programs.
- ☐ Other. Please specify: _____

2. How many people obtain information from your copy of The California HeartLine.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ more (please give an estimate)

3. Please rate how useful this newsletter is in keeping you informed about current heart disease and stroke issues. Check one response.

☐ Not useful ☐ Somewhat useful ☐ Useful ☐ Very Useful

4. Please share your comments or suggestions on the California HeartLine content or format.

5. What is your specific area of interest/expertise in heart disease and stroke prevention (e.g. nutrition, diabetes, environments, screening)?

To continue receiving The California HeartLine fill out the form below.
(You will be removed unless we hear from you before June 30, 2001.)

Name: _____ Title: _____

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Fax a copy of this form to: (916) 324-7764

Or, you may e-mail: mhernand@dhs.ca.gov

Or mail a copy of this form to:

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Coming Next Issue

The obesity epidemic in the United States and California

New Body Mass Index (height/weight) charts released

Heart disease and stroke prevention websites

**Profile of a community leader in heart disease
and stroke prevention**



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